

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL

1. CIR./DIST./DIV. CODE MAX		2. PERSON REPRESENTED O'DONNELL, MICHAEL		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 1:05-010106-001		5. APPEALS DKT./DEF. NUMBER	
6. OTHER DKT. NUMBER		7. IN CASE/MATTER OF (Case Name) U.S. v. O'DONNELL		8. PAYMENT CATEGORY Felony	
9. TYPE PERSON REPRESENTED Adult Defendant		10. REPRESENTATION TYPE (See Instructions) Criminal Case		11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 18 2113 A.F -- BANK ROBBERY BY FORCE OR VIOLENCE	
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS Barron, Kevin #5B 453 Washington St. Boston MA 02111 Telephone Number: (617) 482-6368		13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or <input type="checkbox"/> Other (See Instructions) Signature of Presiding Judicial Officer or By Order of the Court 07/26/2005 Date of Order _____ Nunc Pro Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO			
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)					
15. IN COURT COMPENSES					
16. OUT OF COURT COMPENSES					
17. TRAVEL EXPENSES					
18. OTHER EXPENSES					
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____					
20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION					
21. CASE DISPOSITION					
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: _____ Date: _____					
23. IN COURT COMP.					
24. OUT OF COURT COMP.					
25. TRAVEL EXPENSES					
26. OTHER EXPENSES					
27. TOTAL AMT. APPR / CERT					
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER					
DATE					
28a. JUDGE / MAG. JUDGE CODE					
29. IN COURT COMP.					
30. OUT OF COURT COMP.					
31. TRAVEL EXPENSES					
32. OTHER EXPENSES					
33. TOTAL AMT. APPROVED					
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.					
DATE					
34a. JUDGE CODE					